STATE OF MARYLAN	D—CERTIFICATE OF DEATH 9164
County Morning	82-20 332
Village or City Salvilly Md	No/39 M. Fregistration Dist No. 333
Length of residence locity or town where death occurred 21 yrs.	(If death occurred in a horpital of institution, give its NAME instead of street and number) ———————————————————————————————————
2. FULL NAME/tary Ellen ad	Rene If U. S. Veteran, specify WAR
(a) Residence: No. 139/14. Folunt	st, 13 Wapt Jalushy ma
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the)	wed, 21. DATE OF DEATH lug, 6 4 7
	(Month) (Day) (Year)
5e. If married, widowed, or divoced HUSBAND of (or) WIFE of ARRIVA	22. I HEREBY CERTIFY, Thet I attended deceased from
12 18	1927, to any 6, 1987
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS	Mest saw has alive on Life 30 a., 1922; death is sa
79 6 23 1 dey	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or perticular	min. were as follows: Date of ones
9, Industry or business in which work was done, as SILK MILL, at SAW MILL, BANK, etc.	Primary Course: Constrat bemorshage
10. Date deceased last worked at this occupation (month and spent in this	Ourotion: ton days. Centell.
12. BIRTHPLACE (city or town) 1- 7:10	Other Contributory Causes of Importance:
13. NAME Chank Timmon	
13. NAME Charles Simmer 14. BIRTHPLACE (city or town) For Carles Count (State or country)	Name of operation
15. MAIDEN NAME NAME NAME DE ERUE	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) In Culty County	Accident, suicide, or homicide? Dete of injury
(State or country) 17, INFORMANT MAN Marshin Mark	Where did injury occur?(Specify city or town, county and State) Secify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 39 M. Fellet M.	shafeng M. g.
18. BURIAL, DREMATTOS OF REMOVAL PHOTOS DOLLEG S	Mehner of Injury
19. UNDERTAKER Holly way + Sol.	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED ang 8, 19.37 Dr. May Jun	(Signed) IV 1 Walts M. (Address) Scalindary, 771
If more blanks are needed, address State I	Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
ATTETOSCIETOSIS	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 6 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIA

RESERVED

MARGIN

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 3	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Ran over by street car	1 week ago
Cerebral hemorrhage 1861	July 5,1927	Peritonitis	3 days ago
		SEP 4 10.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Castroenteritis V. S.	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIA
--	------------	-----------	---------	------------	---------------	----------

stated EXACTLY. PHYSICIANS should state of OCCUPA. D. Every item of infor-Exact statement WITH UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. pe AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	.00
1. PLACE OF DEATH		(159)	1 0
County Wicome	w	Registration Dist. No. 33	3
Village or City Laleab	un ml.	No. Pen . St., St., St., St., St., St., St., St	Ward
Langth of rasidence In city or town where deat		ds. How long In U.S. if of foreign birth?yrsmos	
2. FULL NAME Glori	a tay Br	Our If U. S. Veteran, specify WAR	
(a) Residence: No. 3 0 6 W	continu.	St / Ward	
(a) Nondelive. No. Q. 191. 191.	(Usual place of abode)	Usbury Md If nonresident give city or town and State	
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Day)	Z (Year)
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of		22. HEREBY CERT! FY, That! attandad decea	
<i>(1)</i>	1111137	0 11 00	th is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	I last saw h)(II #2 2910
1. AGE Tears Months	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
	ormin.	were as follows: Dat	te of onset
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc.		permature front	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaasad last workad at this occupation (month and			
work was done, as SILK MILL, SAW MILL, BANK, etc			
11. Total tima (years) this occupation (month and year) year)			
× /s / s	Jun Mad	Other Cantributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	2009		
	Brown		
E Car Carlo	shus- wet.	Name of operation. Date of	
14. BIRTHPLACE (city or town) (State or country)	7,10	Name of operation Date of What test confirmed diagnosis? Was there an autop:	200
IS. MAIDEN NAME CALL	e auderson	23. If death was dua to axternal causas (VIOL ENCE) fill in also the following	1
15. MAIDEN NAME (1) 16. BIRTHPLACE (city or town)	alax n.d.	Accident, suicide, or homicide? Date of Injury	19
O 16. BIRTHPLACE (city or town) (State or country)		Where did Injury occur?	13
17. INFORMANT Supture to Fryher		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Jalisbur	y ma.		
18. BURIAL, CREMATION, OR REMOVAL Place Lilmon Rd	Det Clug 12 1937	Manner of injury	
100	0	Nature of injury 26	
19. UNDERTAKER TAllawa	y mos.	24. Was disease or injury in any way related to occupation or deceased?	
(Address) Allsby	of many	If so, specify	
20. FILED 11. 193.7	May June	(Signad) Maria A Dela	M. D.
/	Registrar.	(Address) 1/2 Man of , Johnstony,	ug

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related rauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage CFP 6 1931	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1007	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SFP	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
BUKI			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

f4, BIRTHPLACE (city or town)_. (State or country)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Addrass)

MOTHER

CAUSE

state

OCCUPA-

STATE OF MARYLAND-	CERTIFICATE OF DEATH 9168
1. PLACE OF DEATH	
County Thiroppie	Registration Dist. No. 333
Village or City Sallis bus 4	No. 7/7 1000 St., 5 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Hilner Carlevell	If U. S. Veteran, specify WAR
(a) Residence: No. 7/7 Bush	St., 5 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND of Control	22. I HEREBY CERTIFY, That I attanded deceased from PLO DI IN ACCEPTATION 19 ; death is said to have occurred on the date stated above, at 430 mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset 8/28/3, Other Centributory Causes of importance:
14. BIRTHPLACE (city or town) 1991	Name of operation

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____

Where did Injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Neture of Injury

24. Was disease or injury In any wey related to occupation of decaasad?

If so, specify

(Signed)

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No.

Registrar.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

f onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
	Attack of epilepsy	1 week ago
104		1149
21	Run over by street car	1 week ago
5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
1,1923	Gastroenteritis	1 year
		Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 9163
1. PLACE OF DEATH	u 1 150
County M. Comico	Registration Dist. No. 333
Village or City Salishing Md.	No.6/6/witon St. /3 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrspres.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ella Mac Cha	Chlange S. Veteran, specify WAP
(a) Residence: No. 616 Preston	St. 13 Ward. Salishey Md
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OF SUFFICE COLOR OF SUFFICE COLOR	21. DATE OF DEATH QUES , 15
mare The manuel.	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Millon Challane	22. I HEREBY CERTIFY, That I attended daceased from
Ment 22 1914	190 J, to
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	to have occurred on the data sletted above, et
20 /h 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance
2 Trade section to section to	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Delitioner
9. Industry or business in which	- Saguareman
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILLS AW MILL, BANK, etc.	
10. Date deceased ast worked at this occupantor (months and) 1987 spent in this	
year) was occupation	
12. BIRTHPLACE (city or toys) Salustary	Other Contributory Causes of importence:
(State or(country)	aboress of thereat
" 13. NAME / Illiam / Cherton	
14. BIRTHPLACE (city or town) Salieby (State or country)	Name of operation
(State or country)	Whet test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME Mingrie Smulling	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) & Fellula County	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Millon Chatlany	- (Specify city or town, county and State) Specify whather injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 6/16 Preeton it. Salety	Md
18. BURIAL, CREMATION, OR REMOVED	Mannar of injury
Piace Classic less, Dalelleg, 1,193	Neture of injury
10 HADERTAKED Helloward to	24. Was disease or injury in any way raiated to occupation of decessed?
19. UNDERTAKER (Address)	If so, specify
and 17.341 or man line	(Signed) Colomby Therake M.D.
20. FILED Registrar.	(Address) Declishing Ind
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis SEP 8 1927	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage VEAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

ż

1. PLACE OF DEATH		- Q hnn			
County Wecomics	****	Registration Dist. No.	300		
Village or City Commonwell	- General &	transital Saliabaran Make	13 Ward		
lands of middle lands		death occurred in a hopital or institution, give its NAMBunstead of street and			
Length of residence in city or town where dea	. 100.		nos		
2. FULL NAME STILL FOR	w. Collin.	If U. S. Veteran, specify WAR	wor, o.		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	1 Sura		
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	1 State		
	, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH			
Jamale Colored	OR DIVORCED (write the word)	aug 10	, 193		
5e. If merried, widowed, or divorced	single.	(Month) (Gey)	(Year)		
HUSBAND of (or) WIFE of		22. HEREBY CERTIFY That I attended	deceased from		
	• .	4410 10 leg 10	, 19.		
6. DATE OF BIRTH (month, day, and yeer)	illom.	i last saw how attre on the low 197,	death is said		
7. AGE Yeers Months	Days If LESS then 1 day,hrs.	to heve occurred on the date steted ebove atm.			
0 0	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset		
8. Trade, profession, or particular kind of work done, as SPINNER,					
SAWYER, BOOKKEEPER, etc					
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		ff Wm.			
10 Date deceased lest worked at this occupation (month and	11. Totel time (years) spent in this				
yeer)	occupetion				
12. BIRTHPLACE (city or town)		Other Contributory Canses of Importance:			
(State or country)					
13. NAME Understand					
14. BIRTHPLACE (city or town)		Name of operation Oete of			
(Stete or country)		What test confirmed diegnosis? Wes there en	autopsy?		
15. MAIDEN NAME CANALO	Collins	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the followin	ng:		
15. MAIDEN NAME COMMENTED TO 16. BIRTHPLACE (city or town) Show	ano alla	Accident, suicide, or homicide? Oate of injury	, 19		
(State or country)		Where did injury occur?			
17. INFORMANT Pera Lyling	Hospital	(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.		
(Address) Salista	cury (md.				
18, BURIAL, CREMATION, OR REMOVAL	Mus 10 2	Menner of Injury			
Plece for for the mapital	Date 119.3	Nature of injury			
19. UNDERTAKER Sycht. P. St. 2	lospital (achi	24/Was diseese or Injury In any way releted to occupation of deceased?			
(Address) Salisbury	in med	If so, specify			
20. FILED Aug 10,1937 &.	May June	(Signed) / // // // //	7 M. O.		
	Registrar.	(Address) Salvoving, V	MA.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	10	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 6 1037			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		14000	222
County Danne	CD	Registration D	ist. No.
Village or City Salest	mye	death occurred in a hospital or institution, give its NAME	ritalst Sward
Langth of rasidenca in city or town where dea	//	ds. How long in U.S. it of foreign birth?	
2. FULL NAME anni	e Collins	If U. S. Veteran, specify WAR	1/8/0
(a) Residence: No.	(Usual place of abode)	St., Ward. Shower	ve city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE	OF DEATH
S. SEX 4. COLOR OR RACE S	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	/ 9 , 193 7
a. It married, widowad, or divorcad HUSBAND ot (or) WIFE of		7	That Lattended deceased from
. DATE OF BIRTH (month, day, and year) Leve	L. about-1914	I last saw haliva on less	, 19 7; death is sale
7. AGE about Months	Days If LESS than I dey,mhrs.	to have occurred on the dete stated above, at The PRINCIPAL CAUSE OF DEATH and related causes were as follows;	of Importance
8. Trada, protession, or particular kind of work done, as SPINNER,	me everb	Extent Wellen	4.1
SAWYER, BODKKEEPER, etc	v. v. salar v	quequency	7.29
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc	11. Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town) Short ye (State or country)	Üs	Other Contributory Causes of Importance:	tac
13. NAME GEORGE	ollins		
14. BIRTHPLACE (city or town)	f. 01	Neme of operation Allungs Whet test confirmed diagnosis?	Date of State of Westhera an autopsy?
15. MAIDEN NAME Maggie	Showell	23. If death was due to external causes (VIDL ENCE) fill	
15. MAIDEN NAME Maggie 16. BIRTHPLACE (city or town)	A	Accident, suicide, or homicide?	ate of injury, 19
(State or country) 17. INFDRMANT Shows	Showell	Where did Injury occur? (Specify city or to Specify whether injury occurred in INDUSTRY, in HOM	own, county and State) IE, or in PUBLIC PLACE.
(Address) Showell	o, Ind.		
18. BURIAL, CREMATION, OR REMOVAL Place ACCASE STATEMENT	gate aug 2/,103/	Manner of Injury	
19. UNDERTAKER Margaret (Address) Lellywill	Il Halson	24. Wes disease or Injury In any way raleted to occupat	ion of deceased?
20. FILED ang 19, 1935	May June	(Signad) (Address)	1 mb M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis CEVED	1915	Attack of epilepsy	1 week age	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SEP 8 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FUI	R FURTHER	STATEMENTS	BX	PHYSICIAN

VITH UNFADING INK-THIS IS A PERMANENT See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. -WRITE PL

1. PLACE OF DEATH		210-111	
County Y Commes		Registration Dist. No.	3.33
Village or City A line		No. Canada Ove	st / 3 Ward
Length of residence In city or town where deeth occurred	9 (If c	death occurred in a hospital or institution, give its NAME instead of	street and number)
	P-T-	ds. How long in U.S. if of foreign birth?yrs,_	ds.
2. FULL NAME	comin	O If U. S. Veteral, specify WAR	<i>A</i>
(a) Residence: No. 2/6 Class de (Usual place	in and	St., B Ward Latery 149	3
PERSONAL AND STATISTICAL PART		If nonresident give city of	
SEX 4. COLOR OR RACE 5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH	
or Divorce	D (write tha word)	august 20	, 193
. If married, widowed, or divorced		(Month) (Day)	(Year)
HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY. That i	attended deceased from
- Franco		July 15 , 193 7, to any	1.7, 193.7.
	308	. A	., 19. 3 . 7 ; death is said
AGE Years Months Days	If LESS than 1 day,hrs.	to have occurred on the data stated above, at 4Am.	
28 6 18	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of import were as follows:	Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	1.	Cophoses of how &	
9. Industry or business in which	9	splen	8 yes
kind of work done as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data deceesed last worked at 11. Total is			
Spa	ima (years) nt in this upation		
2+8,0		Other Contributory Canses of Importance:	
2. BIRTHPLACE (city or town)	1	and and a control of the	Jwule .
13. NAME Raymond Care		Injuries sustained : Superficial bourses	and internal
14. BIRTHPLACE (city or town)		Leganica of introver detrante Quel	Xa
(State or couptry)	11	Name of operation	Date of there an autopsy? No
15. MAIDEN NAME Mary. Mal	Inam	23. If death was due to external causas (VIOLENCE) fill in also this	
16. BIRTHPLACE (city or toyn)	044	Accident, suicide, or homicide? Accident. Date of Inju	
(Stata or country)	Man.	Where did Injury occur? Zen karrows	.,, 17
INFORMANT Doney Sonting	1.6-1	Specify whether injury occurred in INDUSTRY, in HOME, or in P	ty and State) UBLIC PLACE,
(Address) 216 Camden are	Salester	J. M. Bisknows	
Piace District Comp Date Control Date Date Date Date Date Date Date Date	.23,1937	Menner of injury	· /
UNDERTAKER Holloway + Col	,	24. Was disease or Injury In any way related to occupation of dec	aased? No
(Address) Saludy mid		If so, specify	
FILED Cling 23 1931/ V. Ma	· June	(Signed) Jakalensten	
7	Registrar.	(Address) 1/2 Man at 1	917

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	* !!	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 6 1937	July 5,1927	Peritonitis	3 days ago
1 1 1 1 1 1 1 S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

of OCCUPA.

STATE	OF	MARYL	AND-	CERTIFIC	CATE	OF	DEATH
-1111	0.	1413 61 6 1 7	., 11 12	OFILITIE IC	7/11	~ I	DL/AII.

1. PLACE OF DEATH	
County Alexanics	Registration Dist. No. 11 \$36
Village or City Delma, Ind	NoSt Ward
Length of residence in city or town where death occurred 4/_yrs,	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?
2. FULL NAME anna Inchi C	ording If U. S. Veteran, specify WAR
(a) Residence: No. Ollmon (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Limite Single, Married, WIDOWED OR DIVORCED (write the word)	21. DATE OF DEATH (Modifi) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, Thet I attended deceased from 1937 to 1987
6. DATE OF BIRTH (month, day, end yeer) QCX 28 1896	I last saw h alive on Arg (,193); death is said
7. AGE Years Months Days If LESS that I day, or min.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence
2 Trade profession or particular	Ford Maina Dags
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occuration (month and	
10. Date deceased last worked at this occupation (month and yeer)	
12. BIRTHPLACE (city or town) Ullman (State or country)	Other Contributory Causes of impartance:
	- Segland
13. NAME Harry Cordray 14. BIRTHPLACE (city or town)	- Jagu
4. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Date of
The second second	What test confirmed diagnosis?
	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Arefil Boulon (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Colonia, Key 193.	Menner of injury
19. UNDERTAKER Silly Some (Address)	Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 200
20. Enlarge &, 193) Harry & Hudson Registrar.	(Signed) / A / To net M. D.
If more blanks are needed, address State Regist	TAT, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis 11 2 5 5	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage \\ SEP	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	a and		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPAstated EXA'CTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.—WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		107-02	
County Niconn	28A	A Registration Dist. No. 330	
Village or City		No. St., death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? yrs	
2. FULL NAME & OUS. (a) Residence: No. Man	Etta Dashil	If U. S. Veteran, specify WAR	
	(Usual place of above)	if nonresident give city or town and	d State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SEX Z. 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Mopth) (Day)	, 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Mar. 2, 1937 Days If LESS than 1 dey,	to have occurred on the date stated above, et 23.0 Ån.	; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc		yeare even injection	7.7/2/
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Other Contributory Canses of Importance:	
12. BIRTHPLACE (city or town) States (State or country)	hyres min	Divisio - Preumonea	8/12/37
13. NAME IMEMO	2		
13. NAME MACHINE 13. NAME 13. NAME 14. BIRTHPLACE (city or town) (State or country)	0 0 0	Name of operation Dete of What test confirmed diagnosis? Clustel Was there an	-
15. MAIDEN NAME LEAN	Daspille	23. If death was due to external ceuses (VIOL ENCE) fill in elso the following	ıg:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	ardla Spand.	Accident, suicide, or homicide? Dete of injury Where did injury occur? (Specify city or town, county and St	
17. INFORMANT Address) Mandels	Dandillo	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC P.	LACE,
18. BURIAL, CREMATION, OR REMOVAL Place Alakalla Soffi	Mone 8/21/37	Manner of injury	~~~~~
19. UNDERTAKER Though M	ma Sous	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 8/2/ , 1937 7	246 Stution Registrar.	(Signed) Jalis Upy	M.D.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

li	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
2	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9175
1. PLACE OF DEATH	(31)
County Oliconics	Registration Dist. No. 332
Village or City O'C'llands and	NoSt., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
-0 :	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Javi Conaway Damis	If U. S. Veteran, specify WAR 10
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)	21. DATE OF DEATH Bugnst (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE	22. I HEREBY CERTIFY. That I attended deceased from august 1936 to bate 7 deaths
6. DATE OF BIRTH (month, day, and yeer) Bee 1th 1858	i last saw h. son elive on and 15 1927; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
78 8 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
Trade, profession, or perticular kind of work done, as SPINNER,	myscaptilis Chronic Date of onset
SAWYER, BDDKKEEPER, etc	Chr. Int nephritis
work was done, as SILK MILL, Nove	
0. Date deceased last worked at this oct pation (month and spent in this spent in the spent in this spent in this spent in the spent in this spent in the spent in the spent in this spent in the spent in	
year) Con 13.3 occupation occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
	arlen scleral
H AL Man A	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of
	was there an autopsy? was there an autopsy?
I	23. If death was due to externel ceuses (VIOL ENCE) fill in also the following:
[O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Slove Bearing (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Flammes Lem Date Gug 1747937	Nature of injury
19. UNDERTAKER Offin Boward Wells. (Address)	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Oug. 18, 1937 Lillian & David Registrar.	(Address) Wellsands M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Exa	mple 1	- 13	Example 11	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	7,1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	SEY "	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
	RUKE			
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No.

19. UNDERTAKER (Addrass)

If so, specify (Signed)_

24. Was diseasa or injury in any way related to occupation of deceased?

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 2 E	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SEP	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S. J				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

N.S. No. 1

N.S. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

	(3)
County Wicomico	Registration Dist. No. 33.3
Village or City Salisburg	No. CO. Masse St., 9 War
Length of residence in city or town where death occurred about 8 mos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Oliver James Derrit	t, Sn. If U. S. Veteran, specify WAR
(a) Residence: No. Slaunton Va	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 14 , 193 (Year)
5a. If merried, wildowed, or divorced HUSBANO of (or) WIFE of	22. A HEREBY CERTIFY That I attended deceased from
(or) WIFE OF Lucy Emma Derritt	Jene 3 ,137, to august 14 ,1937
6. DATE OF BIRTH (month, day, end year) May 6, 1858	Nest saw h Luw alive on Will WA 14 , 1937; death is se
7. AGE Years Months flays If LESS than 1 day,hrs.	to have occurred on the date steted above, et. 12.39.1 m.
79 1 3 8 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Oate of one
8 Trade, profession, or particular kind of work done, es SPINNER, Retired Jeacher SAWYER, BOOKKEPPER, etc.	I finis whatities next the
9. Industry or business in which work wes done, as SILK MILL,	Derrino marino ma regionas que
SAW MILL, BANK, etc.	
10. Date deceased lest worked at this occupation month end yeer)	
o milio	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	-
13. NAME Henry Dorritt	
13. NAME Henry Berrett 14. BIRTHPLACE (city or town) Madroon Co.	Neme of operation
(State of Country) Wrainta	What test confirmed diegnosis? Clinical Was there an autopsy?
15. MAIOEN NAME Matilda - Derrett 16. BIRTHPLACE (city or town) Madison Co.,	23. If death was due to external causes (VIOL ENCE) fill in also the following:
S	Accident, suicide, or homicide? Date of injury
(State or country) Urginia	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Andrew Derrett (Address) W. Mann St. Salisbury Md.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18 BURIAL CREMATION OR REMOVAL	Manner of Injury
Place Farrier Genely Stantone aug : 17, 1937	Neture of injury
19. UNDERTAKER James 7. Stewart (Address) 402 E. Church St. Salabur Md	24. Wes disease or injury in any way releted to occupetion of deceased?
15-37 Ox 201	(Signed) 1 St. J. J. J. J. Ware M.
20. FILEO (Mg 10, 190) & May June	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis CEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitual nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SEP 6 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	N. B.—WRITE PLAKALY, WITH UNFADING INK—THIS IS A PERMANEN RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
53	of i	E	CCI	
M)	item	shor	0 10	
	very	ANS	Tent	
	. E	ICI	aten	
	SAI	HYS	S	
	EC	Z	Xact	
	A B	Y.	区	
NG	IEN	TI	fed.	
IDI	MAN	AC	assil	
BIN	ERN	EX	r cl	ė.
2	AP	ed	perl	fica
FO	IS	stat	pro	certi
MARGIN RESERVED FOR BINDING	HIS	pe	be	Jo.
RVI	-	pine	nay	ack
SE	NK	she	it 1	on k
RE	6.1	GE	that	Suc
Z	DIN	1 -1	So	ucti
RG	FA	lied	rms,	nstr
MA	D	Idns	n ter	ee ii
	ITH	Illy	plain	
4	E .	refu	in in	tant
	TX	e ca	ATH	por
1	A	ld b	DE.	y in
	PI	hou	OF	ver
	ITE	on s	SE	TION is very important. See instructions on back of certificate.
e-1	-WR	nati	CAL	LIO.
V. S. No. 1	B.	-		
. N	ż	1	-	-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	9178
1. PLACE OF DEATH	(135)	
County Vi Comico	Registration Dist No.	333
Village or City Salishing Md.	No. P.S. Horgatal St.	3 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number of the s	
2. FULL NAME Joseph M. Eling	If U. S. Veteran specify WAR	,
(a) Residence (No. 522 S. Dristin	VSI 13 Ward Salishen Med	
(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR INVORCED (write the word)	21. DATE OF DEATH aug , 17, 27	193
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Pauline L. Ehinger	22. I HEREBY CERTIFY, That I attended d	
6. DATE OF BIRTH (month, day, and year) March 7, 189)	I last saw h A Malive on 15 1937:	e death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 210 /m.	
46 5 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER Fafrees SAWYER, BOOKKEEPER, etc.	nephrolithisses	3gr
9. Industry or business in which work was done, as SILK MILL and the state of the s	N	
SAW MILL, BANK, etc 10. Date deceared lest worked et this occupation (pronth and year). 11. Total fine (reer popular) this year).	mg _k	
12. BIRTHPLACE (city or town) Phila delyste a (State or country)	Other Contributory Causes of importance: Bladder fullular	109
	1 1-4 1	
13. NAME 14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Popular of Handler Published Dete of A What test confirmed diagnosis?	
CH 15. MAIDEN NAME	23. If death was due to externel causes (VIOLENCE) fill In also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	0
∑ (State or country)	Where did injury occur?	
17. INFORMANT M. Pauline J. Chinger	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE And Andrew County and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Andrew County and State Specify city or town, county and city or town, city or	CE.
18. BURIAL, CREMATION, OR REMOVAL) Place Currence Comp. Dalling, 19./3/3	Manner of Injury	
19. UNDERTAKER Holloway & Co. (Address) Salai for mild	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Aug. 19, 193 ft & May Junes Registrat.	(Signed) In Rode St. Johnson St. Johnson	M. D
The state of the s	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	7,000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis CED 8 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TIDDITIONS	DI TIVIT	TOTAL	T. C. L. T. T. T. T.	DITTEL WINDWARD IN	A	THE TOTOTALL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emilensu 1 week ago Chronic interstitial riephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 near

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE FO	REURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	----------	----------	------------	----	-----------

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	01
1. PLACE OF DEATH ,	(131)	
County Microsia	Registration Dist. No. 333	?
Village or City Salishey Ma	No/23. Phela, are st, 5	_Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign bigth?	ds.
2. FULL NAME Robert Entwistle	If U. S. Veteran specif Warnish amin	Ca
(a) Residence: No. 123 E. Phila are	St. 5 Ward Salishing Md.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the world)	21. DATE OF DEATH august (Month) (Day) (Ye	7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That i ettended decease	d from
(mail) 15 187		3/_
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	I last saw h	is seld
/0.5 3 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
ormin.	Physics Orlevoselevotes Date o	ol onset
kind of work done, as SPINNER, Albrus	nephrotis pr	-
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and	7	
10. Date deceased lest worked at this occupation (month and peer) spent in this occupation occupation.		
12. BIRTHPLACE (city or town) Phila delpole as	Other Contributory Causes of Importance:	400
(State or country)	grand hage	J
13. NAME Samuel Entrate		
14. BIRTHPLACE (city or town)	Name of operation 2000 Date of	
(State or country) England	What test confirmed diagnosis? Laboratory Was there an eulopsy?	150
15. MAIDEN NAME Jourges, allen	23. If death was due to external causes (VIOLENCE) fill in also the following: 2/-	
16. BIRTHPLACE (city or town) Thankful	Accident, sulcide, or homicide? Date of Injury, 19	7
(State or country)	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANTI (Address) 930 Seanite st. Philip	pecit (whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMOTION, OR REMOVAL	Menner of Injury	
Place and pote p. 1.195	Nature of Injury	
19. UNDERTAKER HOLISMAN & Co.	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Jala Jan 1940	If so, specify La Rades oby	
20. FILED Mig 1, 19 5 / W. May Jumer Registrat.	(Address) 1/2 Main 28, Palestay	us.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evample II

Example 1	tion of the state	Example 11		
The principal cause of death and related can of importance were as follows: OEIV Arteriosclerosis	ED 1915	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis SEP 6 19	7921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURPAIL V	S			
	A 110			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY PH	YSICIAN
------------	---------	------------	------------	-------	---------

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	CERTIFICATE	OF	DEATH

9152

1. PLACE OF DEATH	106-P.)
County Sticomics	Registration Dist. No. 330
Village or City Mardela	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
1/.	
2. FULL NAME Virgina 6. Craham	If U. S. Veteran, specify WAR
(a) Residence: No. Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Que q 2/ 1937
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Benjiman H. Iraham	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, dey, and yeer) Jet 5 1853	l last saw h & aliva on lee y 20 1 157 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at / fl.m.
824 6 16 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importenca
8. Trade profession or particular	ware follows: Pronelits. Date of onest
kind of work done, as SPINNER. Honowook	
Kind of work done, as SPINNER, Honowook SAWYER, BDOKKEEPER, etc. 9. Influstry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
this occupetion (month and spent in this occupation	
	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME William a Draham	
13. NAME / filliam U. Draham 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Colizabeth Loyd	23. if death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Colizabeth Loyd 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury19
∑ (State or country)	Where did injury occur?
17. INFORMANT Geryiman Graham	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mardela Dete Mug 23, 1937	Nature of injury
19. UNDERTAKER It. D. Traverior 4 Post	24. Was disaasa or injury in any way related to occupation of decaased?
(Address) Sharptown Ynd	If so, spacify
20 FILED Aug 22 37 July Christiany	(Signad) It.S. Kulplings M. D.
Registrar.	(Address) the argetimes ked.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ELVED	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACLLY. PHYSICIANS should state MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH			45.70	000
County Muco	mica.	.	Registration Dist. No.	300
Village or City Sale	own where death ordered		No. 110 St., death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? yrs	
2. FULL NAME	Q1 05/2		If U. S. Veteran, specify WAR	
(a) Residence No. 110	Tool die	- T	St. Ward.	
		ace of abode)	If nonresident give city or town and	l State
PERSONAL AND S			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR	OR DIVOR	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH (Month) (Day)	_, 193V
If married, widowed, or divorced HUSBANO of			22. I HEREBY CERTIFY, Liet attended	deceased
(or) WIFE of San	ic Hon	ey	MAININ 1937 to allege	2 19
6. DATE OF BIRTH (month, day, and	year) alaut	185.50	I last saw h sustative on! Clesses 1931	; death l
7. AGE Years	Months Oays	If LESS than	to have occurred on the date stated above, atm.	
82	_	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of
8. Trade, profession, or particul	ar INNER		0	
kind of work done, as SP SAWYER, BOOKKEEPER, 6			Carcusous of	
9. Industry or business in which work was done, as SILK N	VILL,		A TOTAL	tel
work was done, as SILK in SAW MILL, BANK, etc	t Per an 11. Total	al time (years)	3,000,000	
0			Other Contributory Causes of Importance:	0
12. BIRTHPLACE (city or town) (State or country)	annament.	7 me	possed among	us
13. NAME Pinda	- Harrey		Joekh Isrelatery	less
14. BIRTHPLACE (city or town)			Name of operation 24.0 Date of	
(State of country)		and_	What test confirmed diagnosisk assured leas Westhere an	autopsy?_
# 15. MAIOEN NAME Pate	nce Des	hille	23. If death was due to external causes (VIOL ENCE) fill in also the following	g:
0 16. BIRTHPLACE (city or town)	Salylu	My	Accident, suicide, or homicide? Date of Injury	, 19.
((otate of country)	1 /	1 and	Where did injury occur? (Specify city or town, county and Sta	
17. INFORMANT Jacefy	Hanry	and	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOV	AL 2nd It		Manner of injury	
Place duston Us	Oate CA	19 12,1937	Nature of Injury	
19. UNOERTAKER Jos 45	Shurast	00-0	24. Was disease or injury In any way related to occupation of deceased?	ho
20. FILEO Aug 12, 193	4 0 200	y Thomas	(Signed) Surbly	

CTATE OF MADVIAND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage St.P 0 1931	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

Length of residence in city or town where death occurred	STATE OF MARYLAND-	CERTIFICATE OF DEATH 9184
Village or City. Length of residence in city or town where death occurred in a horpital or institution, give the NAME instead of street and number) Length of residence in city or town where death occurred in a horpital or institution, give the NAME instead of street and number) 2. FULL NAME (a) Residence: No. (basis place of shock) Classisplace of shock) (Classisplace of shock) (Classisplace of shock) (Classisplace of shock) St. Ward Malleth, yet. (a) Residence: No. (b) Ward Malleth, yet. (b) Ward Malleth, yet. (b) Ward Malleth, yet. (c) Ward Malleth, yet. (d) Residence: No. (Classisplace of shock) St. Ward Malleth, yet. (d) Residence: No. (d) Ward Malleth, yet. (d) Ward Malleth, yet. (d) Residence: No. (d) Ward Malleth, yet. (d) Resi	1. PLACE OF DEATH	(9)
Langth of residence in city of town where deeply occurred. Langth of residence in city of town where deeply occurred. JEST J. Ward Langth of the common day and State and analysis of the common day and State and Sta	coupty reconnecto	Registration Dist. No. 333
Length of residence in city or town where deally occurred: 2. FULL NAME (a) Residence: No. *** (b) Residence: No. *** (c) Residence: No. *** (d) Residence: No. ** (d) Residence	Village or City Saluting Md	
(a) Residence: No		
(a) Residence: No	2. FULL NAME Slorge a, Ham	ing tono S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS 1,58X 4, COLOR OR RACE OF BINGED, MARKED, WIDOWED, Comit the yold of the contribution o	(a) Residence: No. 170/142	1 0 1-Vil had
3. If merried, widowed, or givegeed (or) WIFE of Control of the Co		
OPPN/REED (which the symb) 193 (Month) 193 (Month) 194 (Month) 195 (Month) 196 (Month) 197 (Month) 198 (Month) 199 (Month) 199 (Month) 199 (Month) 199 (Month) 190		
HUSBAND of Cori Wife of Work done, as SPINNER, Cori Mill. 8. Date Of work done, as SPINNER, Cori Mill. 8. AWYER, BOOKKEPER, etc. 10. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 13. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 14. Date decessed last worked as the correction of the Cori Negation work was done, as SPINNER, Society of this organization of the Cori Negation work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 15. BIRTHPLACE (city frown) 16. BIRTHPLACE (city frown) 17. INTORNAME 18. MAIDEN NAME 19. to	Male White Marriethe word)	aug, 10, 1937
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS thin 1 day,	HUSBAND of	
TAGE Years Months Deys II LESS than 1 day,	6 DATE OF RIRTH (month day and year)	
No. Trede, profession, or perticular single profession si		
Trede, profession, or perticular to do work done, as SPINNER, SAWYER, BOOKKEPER, etc. SINDER OOKKEPER, etc. SIND		the randistration of pearst and reseted ceases of importance
Industry or business in which work was done, as Sitk MILL of the House House William (and the House State of Country) 12. BIRTHPLACE (city brown) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BIRTHPLACE (city or town) (State or country) 18. BIRTHPLACE (city or town) (State or country) 19. Whet test confirmed diagnosis? West there en autopsy? 20. FILED Aug 133 M. Datafly 2. 193 Manner of injury Nature o	kind of work done, as SPINNER, Hills and the	
Other Contributory Causes of importance: 12. BIRTHPLACE (city of lown) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (Specify city or town) (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) (Add		
this occupation (month and a special all bocoppation of the Centributory Causes of importance: 12. BIRTHPLACE (city frown) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (State or country) (State or country) (State or country) (Specify city or town) (State or country) (Specify city or town) (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) (Address	work wes done, es SILK MILL, Lodence Hans	Comments & production
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANTIA. (Address) (Addres	this occupation (month and), /42 spenting this	
(Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) (12 BIDTUDI ACE (city whown) Beralie	Other Contributory Causes of importance:
Name of operation. Name of operation. What test confirmed diagnosis? West here en autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)		Den Stohe Weet
Name of operation	13. NAME the J. Harrington	Deadon armed)
Whet test confirmed diagnosis? Wes there en autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANTIA. Classify (Address) (Addr	14. BIRTHULACE (city or town) Bisalse	Name of operation Date of
Accident, suicide, or homicide? Date of injury	design commity)	Whet test confirmed diegnosis? Wes there en autopsy?
Accident, suicide, or homicide? Date of injury 19 17. INFORMANTIA. The Manager of Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. SPRIAL CREMATION, OR REMOVAL Manner of injury Nature of injury 19. UNDERTAKER ACCIDENT TO COUNTY IN ACCIDENT OF THE MANAGER ACCIDENT OF THE M	15. MAIDEN NAME Sallie More	23. If deeth wes due to externel causes (VIDLENCE) fill in also the following:
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Fro Hz fallely Manner of injury Manner of injury Nature of Injury 19. UNDERTAKER (Address) Sality Man (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 19. UNDERTAKER (Address) Sality Man (Signed) M. I	16. BIRTHPLACE (city or town) / 2000	Accident, suicide, or homicide? Date of injury
17. INFORMANTA	(State or country)	Where did injury occur?(Specify of the set your country of State)
19. UNDERTAKER Helloway to	0 / 10 11 -	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER Atolloway to Co. (Address) Saluty Mad. 24. Wes disease or injury in any way releted to occupation of deceased? If so, specify (Signed) M. I	14:0. " III b 114:- 17 2	Manner of injury
(Address) Saluty Md. If so, specify) (Signed) M. I.	(Place) 1 Meny 1 Mars . Date grey 12', 19)	- Nature of Injury
20, FILED ang 12,37 ft may Junes (Signed)		
	7,3,000	(Signed) M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 6 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones BUREAU V. S.	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Allan 110 Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred s How long in U.S. If of foraign birth? ______yrs. ____mos.____ If U. S. Veteran, specify WAR_ (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of L certificate. 6. DATE OF BIRTH (month, day, and year) Months 7. AGE If LESS than Days to have occurred on the data stated bova, at 12 f dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. 8. Trada, profassion, or particular OCCUPATION kind of work dona, as SPINNER, Jo SAWYER, BOOKKEEPER, etc. back 9. Industry or business in which work was dona, as SILK MILL, 1 SAW MILL, BANK, etc on 10. Date deceased last worked at fl. Total tima (years) this occupation (month and spent in this 30468 instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (Stete or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis?_____ Was there an autopsy?_. MOTHER important. 15. MAIDEN NAME 23. If death was due to externel ceuses (VIOL ENCE) fill in elso tha following: Accidant, suicida, or homicide?______ Date of Injury______ 19 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?___ (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. very 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL LION 24. Was disease or injury in any way releted to occupation of deceased? 19. UNDERTAKER If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Day)

That I attanded deceased from

Dete of.

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Other contributory causes of importance: Gallstones	May 1,1923		1 year

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

9186

1. PLACE OF DEATH		Right Control of the	
County Thecamea		Registration Dist. No.	332
Village or City Salisbury	4	No John B. Parsons Idomesto	Ward
Length of residence in city or town where death occurr		death occurred in a hospital or institution, give its NAME instead of street at	
0 1.	Od oo 1	ds. How long In U.S. If of foreign birth?yrs	_mosds.
2. FULL NAME Sadie	100 Cland	If U. S. Veteran, specify WAR	
(a) Residence: No. for have 13. Tall	Iplace of abode)	Sb. 4 Ward. If nonresident give city or town	and State
PERSONAL AND STATISTICAL PA		MEDICAL CERTIFICATE OF DEATH	
	, MARRIED, WIDOWED, ORCED (write, the word)	21. DATE OF DEATH aug 31	, 193
5a. If marriad, widowed, or divorced	Lower	(Month) (Day)	(Year)
HUSBAND of John Idole	and	22. I HEREBY CERTIFY Thet I attend	ed deceased from
6. DATE OF BIRTff (month, day, and year)	1,1868	I last yaw h. Valive on Py 3/1, 182	7.; deeth is seid
7. AGE Years Months Da		to have occurred on the data stated above, at 12 i. 15 Am.	
69 7 30	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:	
Z Trade, profession, or particular		10 a A	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	we	Cheliel & Romonye	1937
9. Industry or business in which work was dona, as SILK MILL, Jone for SAW MILL, BANK, etc.	4 to 2 - 1		
	Total time (yaars)		
this occupation (month and 1930)	spent in this occupation		
		Other Contributory Causes of Importance:	
12. BfRTHPLACE (cily or town) (Stale or country)	7		1936
1 0 0	- ANTONIA	Court Felling	1/20
E			
14. BIRTHPLACE (city or town) (Slate or country)		Name of operation	
	'	Whet test confirmed diagnosis? Was there e	
15. MAIDEN NAME Sarah 16. BIRTHPLACE (city or town)	unn	23. If death was due to external ceuses (VIOLENCE) filf in also the follow	
O 16. BIRTHPLACE (city or town). (State or country)		Accident, suicide, or homicide? Date of Injury	, 19
- 1 (State of Country) Penn	00 00	Where did injury occur?(Specify city or town, county and S	State)
17. INFORMANT A CARROL (Address)	Shockley	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL And	and the same	Menner of Injury	
Place - millwill lempate	Lept: 2,1937	Nature of Injury	
The Torinets.)	Par		
19. UNDERTAKER THE SALE TO THE ACTION OF THE SALE OF T	sucon lo:	24. Wes disease or injury in any way related to occupation of deceased?	
is bury but 2 24 O. D.	of cery	(Signed) Aug A	
20. FILED S.	Registrar.	(Address) Qalily. His	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1 week ago Chronic interstitial nephritis 1921 Run over bu street car Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimbre, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis \ 71 E	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis G 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory uses of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF N	MARYLAND—	CERTIFICATE OF DEATH	188
1. PLACE OF DEATH		57)) 1
County Wicamico		, Registration Dist. No.	3
Village or City Salashur	7 71 01	No. 223 June St. St., death occurred in a hospital or institution, give its NAME instead of street and number	Ward er)
Length of residence in city or town where death occ	drrad/yrs,mos	ds. How long in U.S. If of foreign birth?yrsmos	ds.
2. FULL NAME to agan 1	tuson	1f U. S. Veteran, specify WAR	
(a) Residence: No. 1223()	ine St	St.,Ward.	
	sual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL 3. SEX		MEDICAL CERTIFICATE OF DEATH	
Male White OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Dey) 193	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Morriss	22. I HEREBY CERTIFY, Thet I attended decade	ised from
Oe.	11 1051	Hest saw there elive on Rey 12 1937 day	19-2-
6. DATE OF BIRTH (month, dey, and yeer) 7. AGE Yeers Months	Deys If LESS then	I lest saw harmonic elive on 19-3 ; das	ath Is said
	3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and raleted ceusas of Importance	
8. Trede, profession, or perticular	/	Oat	te ol onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc Industry or businass in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked at this occupation (month and	anger	(believeles Deformers. 1,	733
Mork wes done, es SILK MILL, SAW MILL, BANK, etc.			
SAW MILL, BANK, etc	11 Total time (veers)		
this occupation (month end	II. Total time (yeers) spent in this occupetion		
Truitla	d)	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) The Comment (Stete or country) Wiscomment (Stete or country)	co not	Japan Jaco	
	lu som:		
E 70 700	to Herman		
(Stete or country)	o Co. md	Nama of oparation Oate ol	
15. MAIDEN NAME MASTAGE	Mange.	What test confirmed diagnosis? Was there an autops	y?
T Partition	1/10 may	23. If death was due to axtarnel ceuses (VIOL ENCE) fill in also the following:	
(Stata or country)	rico Co. ma	Accident, suicide, or homicide? Deta of Injury, Whara did injury occur?	19
6 91	les us fre	(Specify city or town, county and State)	
17. INFORMANT / COMMAND Land (Address) 223 Pine, St.	Balisbury Md	Spacify whethar injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.	*
18. BURIAL, CREMATION, OR REMOVAL	1 300 m.	Manner of injury	
Pleca J. and Cl. Oeta	Lug 14,, 19.37	Nature of injury	
19. UNDERTAKER The Hill of John	mon co.	24. Was disease or injury in eny way releted to occupation of deceesed?	
20. FILED Aug 14, 1937 W. M	ray Junes	(Signad) Marie & Marie (Addrass) Dalis by my	/ M. D
		The state of the s	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of importance were a	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis (/ F [)		1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SER 6 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	auses of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
- Stories		Mag 1,1020	- California de la cali	1 year

-WRITE PLA

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	940)
County Wicomico	Registration Dist. No. 334
9 4 0	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Clarency Lawy	If U. S. Veteran, specify WAR 10-
(a) Residence: No. 1. D. 1 (Suspingle of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) 193. 7. (Year)
5a. If merried, widowed, or divorced HUSBAND of Sorrie B. Brittingham	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 24, 1870	I last saw has alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	anymatulous 19
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and the second in this second in this	0
year) occupation 30	Other Contributory Causes of Importance:
(State or country) (State or country)	
13. NAME James Laws	
13. NAME Laws 14. BIRTHPLACE (city or town) Year Sucre Hill (Stete or country) Worrester	Name of operation
15. MAIDEN NAME Sallie M. Fasks 16. BIRTHPLACE (city or town) Near Pottsville (State or country) Wicomico	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT James J. Laws (Address) Parsonsburg R. D. 1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Daws Quind grown aug. 18, 1957	Manner of Injury
19. UNDERTAKER The Taill & Johnson Co. (Address) Main + Relois & Salishur.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED aug. 18, 1937 Lillian R. Daire	(Signed) Pullediel M. (Address) Puliabury m.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I	- 1	Example II	
The principal cause of dea of importance were as followers. Arteriosclerosis	ath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	I SEP 1 100	July 5, 1927	Peritonitis	3 days ago
	BUREAU Y	S		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	3190
1. PLACE OF DEATH	(117-E)	200
County Wisamico	Registration Dist. No.	333
Village or City Panissaufa General H	or to Solubrum, Ma St., (If death occurred to a hospital or institution, give its NAME instead of street a	3 War
Length of residence in city or town where death occurredyrsm	(A)	mosd
(a) Residence: No. Do govoro (Usual place of abode)	St.,Ward.	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR- OR RACE OR DIVORCED (verite the word) Whate	21. DATE OF DEATH	, 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I ettend	ded deceased fro
- \ \alpha \ \alpha \ \alpha \ \ \alpha \ \ \alpha \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- July 17 1977, to gay 2	19.5
6. DATE OF BIRTH (month, day, and year) 5 10 0 1 7. AGE Years Months Days If LESS than	Y last saw h alive on 19	; death is sei
1 dayhr	to have occurred on the dete stated above, am. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
36 lrade, profession, or particular	were as follows:	Date ol onse
kind of work done, as SPINNER,	Informit current with	Herten
5. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation		****
12. BIRTHPLACE (city or town) Delaware (State or country)	Other Contributory Causes of Importance:	349
E 13. NAME John Lauton		
14. BIRTHPLACE (city or town) - Relative		7/11,37
15. MAIDEN NAME Lavenua Balow.		an aulopsy?_
16. BIRTHPLACE (city or town) Colours (State or country)	23. If death wes due to external causes (VIOL ENCE) fill in elso the follow Accident, sulcide, or homicide?	wing:
17. INFORMANT Colons Lautony	Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE
18. BURIAL, CREMATION OR REMOVAL Place Date 8 14 37 19	Manner of injury	
19. UNDERTAKER NO. J.	24. Was disease or injury in any way related to occupation of deceased?	211
(1101933)	If so, specify	+

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	= EVIVEDI	1915	Attack of epilepsy	1 week ago
Chronic interstitial ner	phritis -	1921	Run over by street car	1 week ago
Cerebral hemorrhage	0 1937	July 5, 1927	Peritonitis	3 days ago
	SET .	1		
	BURBALL V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones	Landers	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEAT

1. PLACE OF DEATH	——————————————————————————————————————
County Weconico	Registration Dist. No.
C	+0C11 M1 13
	f death occurred in a hospital or institution, give it VAME instead of street and number) 3. ds. How long In U.S. If of foreign birth? 4. ds. How long In U.S. If of foreign birth? 4. ds. How long In U.S. If of foreign birth?
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Tubeca Jame Smulle	Newrolf U. S. Veteran, specify WAR
(a) Residence: No. Snow Hill Route 9. (Usuarplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH and 193 7
The second of th	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William James Lewis	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Queg. 13 - 1901	I last saw he alive on
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
25 11 9 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at 11. Total time (years) spent in this securation (month and	Reme Neptruts Jegs/13
9. Industry or business In which	7 ty artinin Gul 31-3
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date decessed last worked at 11. Total time (years) spent in this occupation (month and year) occupation	
12 BIRTHPLACE (city or town) Workester, County	Dther Cantributary Causes of Importance:
(State or country)	frankly 1800
13. NAME Moses Edward Emullent.	
14. BIRTHPLACE (city or town). Ware the Country.	Name of operation Dete of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME	23. If deeth wes due to external ceuses (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury19
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
m. m. 5.00 D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Pariso 0 1 4000 MA	4
18. BURIAL SENATION REMOVAL	Menner of Injury
flece Class leng, Dat lug. 3, 13	Neture of Injury.
Hallman + Colo	24. Was disease or Injury In any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
2 2 2 1 1 1 1 1 1 1	(Signed) Huma & Marine M.
20. FILEDELLIAG. Q., 193 J. St. May Mill Registrar.	(Address) Labely my

V. S. No. 1 N. B.—WRITE PLA

PHYSICIANS should state

Exact statement of OCCUPA-

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

stated EXACTLY. properly classified. E

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife, in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SEP	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURE	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

(Maar)

Date of enset

That I attended deceased from

(Day)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- Laboratoria	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis. 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones May 1,192.		Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

V. S. No. 1

or.	ate	A-	
inf	st	UN	
u of	pluo	000	
iten	sh	Jo	
ery.	NS	ent	
Ey	CIA	tem	
RD	YS	sta	
300	PH	act	
RI	Y.	E	
ENJ	LI	g	
AN	1 C	ssift	
RM	X	cla	
PE	d E	rly	cate
SA	tate	rope	rtif
IS I	e s	e p	f ce
TH	q PI	ly b	ck o
K	hou	t ma	ba
Z	Es	at in	s on
ING	AG	o th	tion
AD]	ed.	S, S	ruc
NE	pplic	erm	inst
H	su	in t	See
VIT	fully	ı pla	ıt.
Y, 1	are	H ir	rtai
S.	pe c	PAT	m po
LA	nld	DI	ry i
BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Eyery item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
RIT	ion	USE	Z
-W	mat	CAL	TIO
B			

STATE OF MARYLAND	CERTIFICATE OF DEATH 9193
1. PLACE OF DEATH	(01/2)
County Wicomics	Registration Dist. No. 333
Village or City Salasbury	No. E. Church St., St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign blrth?yrsmosds.
2. FULL NAME Razine Moiris	If U. S. Veteran, specify WAR
(a) Residence: No. 2 0 5 Pollitt (Usual place of abode) Fall	Sta Ward. Strung, Md If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Ang 2/ 1937
5a. If marriad, widowad, or divorced	(Month) (Day) (Year)
HUSBAND OF Thomas Morris	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Mary, 17 1885	1 last saw h alive on 19; death is said
7. AGE Yaars Months Deys If LESS than	to have occurred on the date stated ebove, at
52 5 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of impogrance were as follows
8 Trada profession or particular	Tillen fle sneet and Oate of onest
9. Industry or business in which	mas der De Colonia
work was done, as SILK MILL, SAW MILL, BANK, etc	Samo III
10. Date decessed lest worked et this occupation (month and 93 occupation wear)	Probably coronary thrombosis, Cever.
12. BIRTHPLACE (city or town) near Harrington (State or country) Relaume	Other Contributory Causes of importence:
# 13. NAME Evans Benson	
14. BIRTHPLACE (city or town) Starrington	Name of operation Dete of
(State or country) Delaware	Whet test confirmed diagnosis? Was there an autopsy?
IS. MAIDEN NAME Marthy Travers	23. If daath was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Martha Travers 16. BIRTHPLACE (city or town) Starrington	Accident, suicide, or homicide? Date of Injury 19
∑ (Stata or country) Belowdre	Whare did Injury occur?
17. INFORMANT Mrs. Jennie Johnson (Address) Scharzenston, Delaware	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Houston Cemetery Sal Oate aug. 24, 1937	Neture of Injury
19. UNDERTAKER James F. Slewart (Addrass) 402, E. Church St. Salubing Md	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED Aug 241937 St. May Turiner Registrar.	(Signad) (Address) Salesluss Man.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	MAR ALIG
Gallstones	May 1,1923	Gastroenteritis	1 year

Coughy Village or City No. No. No. (If death occurred in a hospital or institution, we its NAME instead of street and number) Length of residence in city or town where death occurred. yrs. mes. ds. How long in U. S. If of foreign birth? yrs. mes. d. If U. S. Veterior specify yra. (a) Residence: No. (Usualplace of abode) St., Ward War	STATE OF MARYLAND	
Village or City Length of residence in city or town where gath occurred	1. PLACE OF DEATH	(Registration Dist No. 13.3.3
Length of residence in city or town where gath occurred	Village or City Salesbury Md	No. P.S. Harret St. 13 Ward
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORED (write the world) OR DIVORED (write the worl		
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CRESTIFICATE OF DEATH		St Ward Manual Control of the St. Ward Manual Control of the S
S. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OR DIVOKCED Carrier the word) So. If merried, widowed, or divoged HUSBAND of Convive the word) S. If merried, widowed, or divoged HUSBAND of Convive the word) S. DATE OF BIRTH (month, day, end year) S. DATE OF BIRTH (month, day, end year) S. DATE OF BIRTH (month, day, end year) S. Trede, profession, or perticular the word of work done, as SPINNER, SAWYER, BOOKKEPER, etc. S. Trede, profession, or perticular the word was done as SPINNER, SAWYER, BOOKKEPER, etc. S. Trede, profession, or perticular the word was done as SPINNER, SAWYER, BOOKKEPER, etc. S. Trede, profession, or perticular the word was done as SPINNER, SAWYER, BOOKKEPER, etc. S. Trede, profession, or perticular the word was done as SPINNER, SAWYER, BOOKKEPER, etc. S. Trede, profession, or perticular the word was done as SPINNER, SAWYER, BOOKKEPER, etc. S. Trede, profession, experitual the same of the date stated above, at J.J. P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Data clones SAWYER, BOOKKEPER, etc. S. J. Joddithy or business in Mill. SAWYER, BOOKKEPER, etc. S. J. Joddithy or business in Mill. SAWYER, BOOKKEPER, etc. S. J. Joddithy or business in Mill. SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. S. J. Joddithy or business in Mill. J. J		
OR DIVORED Cwrite the word OR DIVORED Cwrite the word (Month) OR DIVORED Cwrite the word (Sets as a set of the date stated above, at ### In the case of the date stated above, at ### In the date	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CENTIFICATE OF DEATH
HUSBAND of Cory WIFE of Multicarn Mennen and Cory Menter Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 20. FILEO And 13. Managed Mennen and Cory WIFE of Multicarn Mennen and Cory WIFE of Multicarn Mennen and Cory Menter Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 21. It death was due to external causes (VIOLENCE) fill in also the following: Monaged Mennen and Cory Menter Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 22. FILEO And 13. Managed Mennen and Cory Menter Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 23. It death was due to external causes (VIOLENCE) fill in also the following: Monaged Mennen and Cory Menter Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 23. It death was	OR DIVORCED (write the word)	August 6, 193.7
46. DATE OF BIRTH (month, day, end year) 7. AGE Yess Months 25 It LESS than 16 day, hrs. 16 day, hrs. 17 day, hrs. 18 S. Trede, profession, or perticular Red of work of the date stated above, at J	HUSBAND of	22. HEREBY CERTIFY, Thet I attended deceased from
1. AGE Years Months Oeys If LESS than 1 day,	S. DATE OF BIRTH (month, day, and year) GET 12 (1861	
8. Trede, profession, or perticulal kind of work done, as SPINNER, SANYER, BOOKKEPER, etc. 9. Indicatory or business in which work was done as SILK MILL. 10. Dete decessed lest worked at this occupation members are specified by the state of the soccupation of the state	7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, at 11
kind of work done, as SPINNER, SAWER, BONKEEPER, etc. 1. Judistry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed lest worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMAN (Address) 18. BURIAL, CREMITION, OW BENOVAL Plees 19. UNDERTAKER (Address) 19. (Signed) 10. Detection of deceased? 10. Detection of deceased? 11. Total time (years) 12. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country) When test confirmed diagnosis? 4. Wes there an eutopsy? 4. Whet test confirmed diagnosis? 4. Whet test confirmed diagnosis? 4. Whet test confirmed diagnosis? 4. Wes there are eutopsy? 4. Whet test confirmed diagnosis? 4. Whet test confirmed diagnosis? 4. Wes there are eutopsy? 4. Whet test confirmed diagnosis? 4. Wes there are eutopsy? 4. Whet test confirmed diagnosis? 4. Wes there are eutopsy? 4. Whet test confirmed diagnosis? 4. Wes there are eutopsy? 4. Whet test confirmed diagnosis? 4. Wes there are eutopsy? 4. Whet test confirmed diagnosis? 4. Wes there are eutopsy? 4. Whet test confirmed diagnosis? 4. Wes		THE PRINCIPAL CAUSE OF DEATH and I clared causes of Importance
Date of Country 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANY 18. BURIAL, CREMITION, OF BERROUGH 19. BURIAL, CREMITION, OF BERROU	8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	malvita pur
Description Other Castributary Causes of Importance: Other Castributar	9. Industry or business in which work was done, es Silk Mill., SAW MILL, BANK, etc	7
Other Castributary Cause of importance: (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMAN (Address) 18. BURIAL, CREGITION, OF BUNOVAL Plece 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. INFORMAN 10. Control of town of the country		
Whet test confirmed diagnosis? Westhere an eutopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) Whet test confirmed diagnosis? Westhere an eutopsy? Accident, suicide, or homloide? Oete of injury Where dld Injury occur? (Specify city or town, country and State) Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE. (Address) Manner of injury Neture of injury Neture of injury 19. UNDERTAKER (Address) (Address) (Signed) Manner of deceased? M. (Signed)		Other Castributary Causes of Importance: Authority of Struction dose A adhering adhering
Whet test confirmed diagnosis? Westhere an eutopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete by county) Whet test confirmed diagnosis? Westhere an eutopsy? Accident, suicide, or homicide? Oete of injury Where dld Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE. (Address) Manner of injury Neture oil injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Signed) Manner of deceased? M. (Signed)	13. NAME freference 18 N. Schull	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or county) 17. INFORMAN 18. BURIAL, CREMITION, OF REMOVAL Plece 19. UNDERTAKER (Address)	14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Colcostory Date of 7-30-3 What test confirmed diagnosis? Out of the same entropy? Yes
(Specify city or town, county and State) 17. INFORMAN Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMITION, OF PERIODAL Plece 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Signed) (Signed)	15. MAIDEN NAME Uniformatica Beck	
(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) (Signed) (Signed) (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) (Address) (Address) (Address) (Address) (Address) (Signed) (Signed) (Signed) (Signed)	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oete of injury, 19
18. BURIAL, CREMATION, OF REMOVAL Plece Midgenelle Poole aug 9, 137 Neture of injury Neture of injury 24. Was disease or injury in any way releted to occupetion of deceased? If so, specify (Signed) FORSLESSE M.	17. INFORMAN Me. Seo. Ford	(Specify city or town, county and State)
(Address) Jaly May Jurise (Signed) Forale M.		
20. FILEO MY / 19/10/ WINNEY		
		(Signed) for Rademake M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, ctc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	l l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 6 1931		1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3130
County Wicomico	Registration Dist. No. 332
Village or City Passama base	No.
A 14 (1)	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred all lifenous	sds. How long in U.S. it ot toreign birth?yrsmosds
2. FULL NAME annie L. Parker	If U. S. Veteran, specify WAR
(a) Residence: No. Parsonsbury Md.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temple a a OR DIVORCED (write the word)	(193 7)
5a. It married, widowed, or divorced	(Wonth) (Day) (Year)
HUSBAND OF	1 HERESY CERTIFY, That I ettended deceased from
(or) WIFE of John W. Parker	fully 20 137, where gent 0, 1913;
6. DATE OF BIRTH (month, day, and yeer) dejet. 27, 1869	I last sew bear alive on the party of 1937, death is sale
7. AGE Years Months Days If LESS than	to have occurred on the date steted aboye, a)m.
67 (0 / 3 f day,hrs.	more as tellane.
8 Trade protession or particular	data otonset
Kind ot work done, es SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (meth and	Juli and Baran (201
9. Industry or business in which	19.3
work was done, es SILK MILL, SAW MILL, BANK, etc	
fo. Date deceased last worked at this occupation (month and spent in this	
year) year) occupation 3.0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Pittsville	Other Conditional Conditions of Importance.
(State or country) musuland	
13. NAME Ebenener mitchell	
14. BIRTHPLACE (city or town) Berling	Name of operation
(State or country) Maryland	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME July am has Purmoll	23. If death was due to external causes (VIOL ENCE) fill in also the following:
E 5 10/00	
(State or country)	Accident, sulcide, or homicide? Date of Injury, 19
m. O DI	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MADE Tropic Orrker	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Glass Hell CemeteryDate aug. 13, 1937	Manner of injury
200	Nature of injury.
19. UNDERTAKER James F. Stewart	24. Was disease or injury in any way related to occupation of deceased?
(Address) (402 & Chanel St. Sahalary Me	If so, specity
20. FILED Luy. 13, 1937 Lilian N. Lavis	(Signed) toaclos / Janour M.
Registrar.	(Address) alestry lend.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborcr" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	6. 11		
J. 1950	Lame of the second		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroepteritis	1 year

B

STATE OF MARYLAND—CERTIFICATE OF DEATH

9196

1. PLACE OF DEATH	(19)
County Wicomico	Registration Dist. No. 333
Village or City Rockawalking Mg.	No
Langth of residanca In city or town where death occurredyrsme	
2. FULL NAME B. Florence Phillips	If U. S. Veteran, specify WAR
(a) Residence: ND. (Usual place of abode)	St., Ward. As Chaualhes In
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 12 193 7
I. If married, widowed, or divorced	(Mghth) (Day) (Year)
(or) WIFE of Clarence W. Phillips	AL HEREBY ERTIFY That I attended deceased from
DATE OF BIRTH (month, day, and year) Sent 1885	I last saw h
AGE Yaars Months Days If LESS than	so have occurred on the data stated bova, at. 6
3-1- 11 14 1 day,hrs	THE PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trada profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	11 11 11/2
kind of work done, as SPINNER, SAWYER, BDDKKEFPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date dacaased last workad at 11. Total tima (years)	West Vall Hear 1
1D. Date dacaased last workad at this occupation (month and spent in this yaar)	
2. BIRTHPLACE (city or town) Quartico	Other Contributory Causes of Importance:
(State or country) Wicomics Co. Mg. 13. NAME M. J., Mills.	The Sat Hepotites 173
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Delaware	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME mary H. Bradley	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Shurptown of	Accidant, suicide, or homicide? Date of injury 19
(State or country) Md.	Where dld Injury occur?
INFORMANT & W. Bounds	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) / R Chawalkin ml.	
B. BURIAL, CREMATION, OR REMOVAL Place Mt. Vermary Day august 14, 1937	Mannar of Injury
9. UNDERTAKER Dale Dashiell	24. Was disease or injury in any way felated to occupation of deceasad?
OFILED Aug 12937 V. May Turn	If so, specify (Signed) M. L

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 0 1997	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones -	May 1,1923	Gastroenteritis	1 year

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
~	01	M/ 11(1 E/ 11(D) OE: 11(1 1 O/ 1: E	•	

STATE OF MARYLAN	D—CERTIFICATE OF DEATH 9197
1. PLACE OF DEATH	
County Wyconnics	Registration Dist, No. 333
Village or City Canana Ganaral	Hospital Salisbury, Md St. 13 Ward
	(If dath occurred in a hospital or institution, give its NAME instead of street and number)
	mos. 7 ds. Now long in U.S. if of foreign byth? yrs. mos. ds.
2. FULL NAME Julia McCake Daw	If U. S. Veteran, specify WAR
(a) Residence: No. Buchons, Ma	St., Ward.
J(Usual piage of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOV	
Famale white Married than	
5a. If marriad, widowed, or divgreed HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Ollies James Savage	
6. DATE OF BIRTH (month, day, and year) 3. 011. 2.8 1898	i last saw hand alive on 8-18-375 19 death is seid
7. AGE Years Months Pays If LESS	
39 0 9 1 day,	THE TRINCIPAL CAUSE OF DEATH and Sciated Causas of Importance
2 Trade profession or particular	Ose to Olecoa tita Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER. Housewook	TO 1/- hul
SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data daceased last worked at this occupation (manh and this content and the same to this content and the same to the	C 7 mis
SAW MILL, BANK, etc	
O 10. Data daceased last worked at this occupation (month end spent in this occupation o	· · · · · · · · · · · · · · · · · · ·
12. BIRTHPLACE (city or town) Sally le Del.	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town)	Country engineer man
13. NAME Little mc Cala	
14. BIRTHPLACE (city or town)	Name of operation Chellen the Min Date of 4/16/
(Stata or country)	Whet test confirmed diagnosis? They have Was there an autopsy?
# 15. MAIDEN NAME Lillia Bunting.	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) . A lawara	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where dld injury occur?
17. INFORMANT O Dlie James Savage	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Bushops, MO	
18, BURIAL, CREMATION, OR REMOVAL	1 Manner of Injury
Place Della y VIII Data Mig LU,	Natura of Injury
19. UNDERTAKER M. Jasha Walson	24. Was disease or injury in any way related to occupation of daceased?
(Address) Of Mayulle, 191	If so, specify
20. FILE lug 18 1939 N. May Ju	mer (Signed) M. D.
Regi	strar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURCH V C			
Other contributory causes of importance:		Other contributory causes of importance:	1 5-5 1
Gallstones	May 1,1923	Gastroenteritis	1 year

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of dcath means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributors causes of importance: Gastroenteritis	1 year
		ER STATEMENTS BY PHYSICIAN &	

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a horpital of institution, give its NAME instead of street and number) Length of rasidenca in city or town whera death occurred How long by U.S. if of foraign birth?_____yrs.____mos.____ds. 2. FULL NAME If U. S. Veteral penify WAR RD. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DE 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DAVORCED (write the word) My 3 (Month 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY, That I attanded deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Yaars Months Days If LESS than I day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.... RESERVED jo may back 9. Industry or business in which OCCUPA work was done, as SILK MILL SAW MILL, BANK, etc. 511. Total time (years) ased las On Dation (month and spent in this leuranoson to jurous that occupation ... instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town). MARGIN (State or country) HER 13. NAME Found dead on road. No one borne an fine See FAT 14. BIRTHPLACE (city or town) Name of operation about accidents Data of ... (State or country) efully What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER important. 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? (Specify city or town, county and State) y whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMAN very plnods OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury AUSE TION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) V. S. No. If so, specify (Signed). Registrar. (Address) - All Milliant - ff

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No/1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SED & 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

back

no

instructions

important.

LION

19. UNDERTAKER J. J. Framptom & Son. (Address) Federalsburg Md.

aug. 20 193

OCCUPA-

should

item

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specify ____

24. Was disease or injury in any way related to occupetion of deceased?_____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1/1	Example II	i
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	G1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- CAN		4	
. 2.			1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4	
	100		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

9201

1. PLACE OF DEATH	99-2
County Istablico	Registration Dist. No. 337
Village or City Lelaco CM	No: St., Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Parastonaline X	1 su hacon las
(a) Residence: No. Calarre, Md	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the working)	
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Journe Jambacopola	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, end year)	I last saw helive on
AGE Years Months Deys If LESS to 1 day,	-hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
1 %9 Trade protocolon or particular	Date of onjet
9. Industry or business in which	Myseardello
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decesed last worked et this occupation (month and	aut, Delation aus
	/ 1de 1 de 1937
year) facty - 1-3-6 occupation Mag	Other Coutributes Causes of importance:
2. BIRTHPLACE (city or town) A MAGNACO (State or country)	
13. NAME & Thanie Janbacoko	
(State or country)	Name of operation Date of What test confirmed diagnosis? Westhere en autopsy? Was there en autopsy?
15. MAIDEN NAME Sont Know	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
7. INFORMANT - Lassiff James para	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place MANN YOUR - LAWY Octo Suppl 1, 19	Neture of injury
19. UNOERTAKER IN THE METERS OF THE METERS O	24. Was disease or injury in any wey related to occupation of deceased?
9/1 an Robert of Track	(Signed) Daller Duelds M.
20. FILED, 1927	rat. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DEAU !	0.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

STATE OF MARTLAND	CERTIFICATE OF DEATH 18 3200
1. PLACE OF DEATH	
County Wianner	Registration Dist. No. 333
Village or City Dalishing, MA,	No. Ilmanula Lineal St., 13 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence In city or town where day occurredyrsmos	4
2. FULL NAME Alexander Gatanon	If U. S. Veteran, specify WAR
(a) Residence: No. Bridgenste Del	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Wall white Marrie the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	(month) (bay) (rout)
HUSBAND OF ALAMAN Dhores Latrian	22. I HEREBY CERTIFY, That I attended deceased from 1937, to 8-30 1937
11/12/12/1	last saw harmanive on 8-30 1937 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 53 P. m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
62 7 ormin.	ware as follows:
Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc	Decent Bononiles
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Date decaasad last worked at 11. Total time (years)	
this occupation (month and 8/1/37 spant in this 25-	
Dela	Other Coatributery Casses of Importance:
12. BIRTHPLACE (city or town) (State or country)	avours of agenting
13. NAME Culling Jamen	8 1
2 14. BIRTHPLACE (city or town)	Name of operation Date of 72 4 3
(State of country)	What test confirmed diagnosis? Questifue Was there an autopsy?
15. MAIDEN NAME Touse Welly 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Day M.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Budginla Date 9/2 , 1937	- Nature of Injury
nile ni de L	
19. UNDERTAKER W. C. ACMALLOY & SUMM	24. Was disaase or injury In any way related to occupation of deceased?
(Address) Angently goe	If so, specify Police Control 110
20. FILED Mg 3/6/3/ V: May Jum	(Signad) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CEDTIFICATE OF DEATHER

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923		1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

CAUSE

TION

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones SEP 8 1937	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH.	
count // Comule	Registration Disk No. 133
The Market of the Market	Milen Their Helds W. 12
Village or City Sauckey My	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?mosds
1. July 0 11/2	
17.10 F. J. Wash	ii o. o. veterall, specify wark
(a) Residence: No. 12 77 C (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. AEX 4. QQLQR OR BACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	2. DATE OF DEAMINENTEN
Male I have lengte.	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	
0 1 161	, 19, to, 19, 19
6. OATE OF BIRTH (month, day, and yaar)	l last saw h; death is sai
7. AGE Years Months Oays If LESS then I day,hr.	to have occurred on the date stated above, at
d. 2 9 ormin.	The PRINCIPAL CAUSE OF OEATH and ralated causes of importance ware as-follows:
8. Trade, profession, or particular	troused dead in Secourco
kind of work done, es SPINNER, Jaffer SAWYER, BOOKKEEPER, etc.	Rever aug 14-37
9. Industry or business in which work wes done, as SILK MILES SAW MILL, BANK, atc.	bedy hadly decom have
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9-Industry or business in which work wes done, as SILK MIL SAW MILL, BANK, atc. 10. Date deceased last worked at this occurretion (month and	There was no Prost involved
10. Date deceased last worked at this occupetion (month and spent in this	
yaar) occupation	Monner of occasioner à Laboraine Coulo R.
Morrison of the Contraction of t	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME Carray of fraction 14. BIRTHPLACE (city or town) Workers Co.	
14. BERTHPLACE (city or town)	Neme of operation Oete of
(State of country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Make Thitele 16. BIRTHPLACE (city or town) Moreisto Co	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mr Bester Con	Accident, sulcida, or homicide?Oate of Injury19
(State py country)	Where did Injury occur?
Me mall Dark	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
7. INFORMANT (Address) 8 7410	Specify whether injury occurred in INOUSTRY, in NOME, or in Public PLACE.
18. BURIAL, CREMITION, OR REMOVAL	
Place arous less Dalles 14 13	Menner of Injury
21.11	Nature of Injury
19. UNDERTAKER VOLLY OWAY & []	24. Was disease or injury In any way related to occupetion of deceased?
(Address) Salieby ma	If so, specify Manager of the sound of the specific of the spe
20. FILED aug 14,937/ & May June	(Signad) of s to mural boromer m.
Registrar.	(Address) Sallallill - MA

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
FREGEIVEN				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones BUREAU V S. I	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

13. NAME

14. BIRTHPLACE (city or town (State or country)

16. BIRTHPLACE (city or town)

18. BURIAL, CREMATION, OR REMOVAL

(State or country)

15. MAIDEN NAME

(Address)

19. UNDERTAKER (Address)

See

very important.

MOTHER

d

DEATH

CAUSE NOIL

pluods OF

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County_U (If death occ urred in a hoppital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?

If U. S. Veteran, specify WAR_

21. DATE OF DEATH (Month) (Day) 22. I HEREBY CERTIFY. That I attended deceased from

MEDICAL CERTIFICATE OF DEATH

Registration Dist. No.

If nonresident give city or town and State

The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance

What test confirmed diegnosis? weef.... Was there en autopsy?.

23. If deeth was due to external causes (VIOLENCE) fill in also the following:

Where did injury occur?_.

(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury Nature of injury_____

24. Wes disease or injury in any wey related to occupation of If so, specify

(Signad)

(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write tha word) mas 5a. If married, widowed, or divorcad HUSBAND of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trada, profassion, or particular OCCUPATION kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc. . industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... 10. Date daceasad last worked at 11. Total tima (years) this occupation (month and spent in this occupation .. year) 12. BIRTHPLACE (city or town) (Stata or country) FATHER

Registrar. If more blanks are heeded, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	1
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

RESERVED

MARGIN

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:	· 3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

07:4

1. PLACE OF DEATH	(230)
County Mynus	Registration Dist. No. 333
Village or City W. Falishuy	No. Quarkis Read St., 9 Ward
Length of residence in city or town where death occurred 11/2 yrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
P. D. 11. 11.1	
2. FULL NAME Syll Cuforca The	If U. S. Veteran, specify WAR
(a) Residence: No. Salastay, Mett Ly (Usra place of abode)	Mg St., 9 Ward: If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Purally St. Hux	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lev, 7, 1887.	I last saw har alive on 114 , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
54 8 I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, A North SAWYER, BOCKKEPER, etc.	22
SAWYER, BOOKKEEPER, etc.	apaplexy 1/103
work was done, as SILK MILL, SAW MILL, BANK, etc	
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 10. Date deceased last worked at this occupation (month and spent in this	f
yéar) spent in this occupation	Other Contribution Constraints
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) / Mufland	Hyperteuson
13. NAME James Bounds	
13. NAME JOURNAL TOWNS A STREET OF THE STREE	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) 47	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (cityler town) What for sountry)	Accident, suicide, or homicide?, 19,
17. INFORMANT Supplies V. Thill. (Address) Aliabani, 24.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place 11804 11 4 Oate 8/17/37,19	Nature of Injury
19. UNDERTAKER The Hill & Isters 6.	24. Was disease or injury in any way related to occupation of deceased?
0.2/3/2/0.7	(Signed) (Oleany - Francisco M.D.
20. FILEO MIG 1, 19 Registrar.	(Address) Dalishung, Jud

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	:	Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstilia! nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SEP 6 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	\mathbf{BY}	PHYSICIAN
--------------------------------	------------	---------------	-----------

If more blanks are peeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis SFP 6 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
I DURE TO				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CTATE OF MADVIAND CEDTIFICATE OF DEATH

1. PLACE OF DEATH County Wiconica		119
111		Registration Dist. No. 33
Village or City deform		No. Olocile # St., /3 War
Length of rasidence in city or town where		f death occurred in a hospital or institution, give its NAME instead of street and number) s. 2
- 1/	500 11 10	
2. FULL NAME Bestha	05 8	If U. S. Veteran, specify WAR
(a) Residence: No. Melan,	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
a. If married, widowed, or divorced		(Month) (Day) (Year)
HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That I attended deceased from
		any 10, 1937, to any 11, 1977
. DATE OF BIRTH (month, day, and year)	april 12/1937	I last saw h. 4 alive on _ 2
. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 3 m.
- 3	2 9 1 day,hrs.	ware as follows:
8. Trada, profession, or perticular		Malautrition , Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Julant	Primary cause: Lack of proper foods.
9. Industry or business in which work was done, as SILK MILL.		a terminal discriped in last hours
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at		- Gelore deathe cover
tino occupation (month and	11. Totel tima (years) spent in this	
year)	occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	med.	
(State or country)	^	
13. NAME Beage Welle 14. BIRTHPLACE (city or town). Aug.		
14. BIRTHPLACE (city or town)	ex lo; glal	Name of operation 2000 Date of
(State or country)		What test confirmed diagnosis? elimal Was there an autopsy?
15. MAIDEN NAME Cordelia	Clevenger	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) . Fed	alika mel	Accident, suicide, or homicide? Date of Injury, 19
(Steta or country)		Where did injury occur?
E-11- h	- 11) 00:	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
7. INFORMANT A PARTY (Address)	2 Marine 1800	The state of the s
8. BURIAL, CREMATION, OR REMOVAL		Manner of Injury
Place Draewood N	Catellina 11 19 3	Nature of Injury
asterior !	a lal	h-
19. UNDERTAKER	secrett.	24. Was disease or injury In any way related to occupation of deceased?
(Address) Recuer	Nuc	If so, specify
20. FILED 9 11 1937 P	ris m. walla	(Signed) Sallademaker M.
	Registrar.	(Address) 1/2 Me an Of Daluty Los

V. S. No. 1

should state

PIIYSICIANS

EXACTLY.

stated

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PL

2

WITH UNFADING INK-THIS IS A PERMANE MARGIN RESERVED FOR BINDIN

properly classified.

RD. Every item of infor-

Exact statement of OCCUPA.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Fine out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	t sa	Example II	
The principal cause of of importance were as Arteriosclerosis	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of cpilepsy	Date of onset 1 week ago
Chronic interstitial nephra		1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 4 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory can	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

V. S. No. 1

N. B.-

STATE OF MARYL	AND-CERTIFICATE	OF DEATH
----------------	-----------------	----------

1. PLACE OF DEATH	93.70
County Wicomico	Registration Dist. No. 333
Village or City Salubury	No. 2/1 Broad St. 5 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Robert W. lasn	If U. S. Veteran, specify WAR
(a) Residence: No. 2/1 Broad (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Legy //) 193 (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of annue Welson	22. I HEREBY CERTIFY that I attended deceased from
01 + 1002	Hast saw had walive on dee 9/0, 1, 1937; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above at
00 + 1111 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
S Trade, profession, or particular	were as follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	11.6
9 Thoustry or business in which	IN DUNCERALLE Chanics
work was done, as SILK MILL, SAW MILL, BANK, etc	Duration one year or more cured
	J T
year)occupation	Other Contributory Causes of importangly
12. BIRTHPLACE (city or town) Worldk	h the
(State or country)	Smuch AND MINISTER AUR
13. NAME Unknown	
14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State of country)	What test confirmed diagnosis? Of access also phere an autopsy? Lo
# 15. MAIDEN NAME UNKnown	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT // brs. Unnie Wilson	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 211 Broad St., Saliabury 11d	
Place Louston Cemetery Date Aug. 14, 1937.	Manner of Injury
19. UNDERTAKER James F. Stewart (Address) 402 & Church St. Sibeley Md	Nature of Injury 24. Was disease or injury In any way related to occupation of deceased? If so, specify
20. FILED Sept - 24, 1937 & May Justier. Registrar.	(Signed) Address) (Address) (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	5	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUREAU V. S.			
Other contributory causes of importance:	14 12 12	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

NOIL

OCCI

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 0 1937	July 5,1927	Peritonitis	3 days ago
MARAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATE	MENTS BY PHYSICIAN
------------------------------------	--------------------

TION is very important.

V. S. No. 1 m

should state

STATE OF MARYLAND	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	50		
County Treopping	Registration Dist. No. 338		
Village or City Sharplown	NoSt.,Ward		
7 1	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsmosds.		
m & 9 11 1.	+		
2. FULL NAME Margaret a. Magn	If U. S. Veteran, specify WAR		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Manth) (Day) (Veer)		
5a. If married, widowed, or divorced HUSBANO of Ocongr It Might	22. I HEREBY CERTIFY That I attended deceased from 1935, to accept 1937.		
6. DATE OF BIRTH (month, day, and year) March 20 1870	I last saw h. A. alive on Cong. 4 1, 1937; death is said		
7. AGE Years Months Deys If LESS than	to heve occurred on the data stated above, at Jan.m.		
67 4 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, Honorwook, SAWYER, BOOKKEEPER, atc.	Car austing Mest		
SAWYER, BOOKKEEPER, atc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this exercisation (month end			
10. Date deceased last worked at this occupation (month end year) spant in this occupation			
	Othar Contributory Causes of importance:		
12. BIRTHPLACE (city or town) (Stata or couptry)			
13. NAME James Marine			
13. NAME James Marine 14. BIRTHPLACTicity or town) (State or country)	Neme of operation Date of		
	What test confirmed diegnosis?		
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19		
17. INFORMANT Aydag Stright (Address) Thanktown	Whare did Injury occur? (Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMOTION, OR REMOVAL Place Charfetony Date Cling 6, 1937	Mannar of injury		
19. UNDERTAKER 24. D. Strangeron 4300 (Address) Charpton Mr.	24. Was disease or injury in any way related to occupation of deceased?		
20. FILEO Desay .: 5, 19.37 Can . 18.	(Signed) (Address) May tom near		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
2 63		3 600	
a 5 G.	13 11	-18cc	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Land III

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN